Health Services
LOS ANGELES COUNTY

Expected Practices

Specialty: Rheumatology

Subject: Approach to Vasculitis

Date: May 20, 2014

Purpose:

Approach to the diagnosis and initial management of Vasculitis

Target Audience:

Primary Care Providers

Expected Practice:

When to think of vasculitis

Please consider vasculitis whenever there is a multi-system presentation by a patient. There are three main categories of vasculitis based on vessel size but there is certainly crossover between designated small to medium to large vessel conditions. For the sake of narrowing down the primary vasculitic conditions, we will not include secondary vasculitic processes that involve the key disease states of RA and SLE.

With all evaluations for vasculitis, an earnest effort to obtain age related routine health maintenance information should be made prior to referral if possible as well as screening for infectious diseases (I.e. HIV, Syphilis, Viral Hepatitis, Tuberculosis) as these are often mimics and/or secondary causes of vessel inflammation.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

How to test and risk stratify for Vasculitis and when to refer.

The diagnosis of vasculitis can be very difficult as patients often present with multi-system signs and symptoms as well as nonspecific diagnostics (I.e. anemia, elevated ESR and CRP, etc).

Below are clinical signs and symptoms that may prompt a suspicion of a vasculitis diagnosis:

- Headache refractory to typical therapy (CNS vasculitis, Temporal Arteritis)
- Proteinuria and hematuria (Glomerulonephritis)
- Skin lesions (small vessel vasculitis)
- Hemoptysis (Alveolar Hemorrhage)
- Neuropathy (small and medium vessel vasculitis)
- Livedo Reticularis (APLS, polyarteritis nodosa)
- Adult onset asthma, neuropathy, skin lesions (Churg Strauss)

Below are definite reasons for referrals (ALL VASCULITIS TYPES):

1. Tissue Proven Diagnosis (skin, lung, kidney, leptomeninges)

2. Imaging that is consistent of vasculitis (CT angio, MRI/MRA)

3. EMG/NCT suggestive of vasculitis

Initial management of suspected or newly diagnosed vasculitis:

In stable patients with suspected or newly diagnosed vasculitis, submit prompt eConsult for management by a rheumatologist. For urgent or emergent cases, send patient immediately to emergency room.